

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>214515568</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>METROPOLITAN RICHMOND WOMEN'S BAR ASSOCIATION</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>VANESSA JONES BARNES &amp; DIEHL, P.C. CENTRE COURT, SUITE A 9401 COURTHOUSE ROAD CHESTERFIELD, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>CHESTERFIELD COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%; vertical-align: top;"> <p>DUE DATE: <b>3/31/2014</b></p> <p>SCC ID NO: <b>04632428</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">CLASS</td> <td style="width: 50%; padding: 2px;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: P O BOX 3945</p> <p style="margin-left: 40px;">CITY/ST/ZIP: RICHMOND, VA 23235</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: SAKINA PAIGE  TITLE: Past President  ADDRESS: CAPITAL ONE  CITY/ST/ZIP/CO: 15030 CAPITAL ONE DRIVE  RICHMOND, VA 23238 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: SAKINA PAIGE TITLE: Past President ADDRESS: CAPITAL ONE CITY/ST/ZIP/CO: 15030 CAPITAL ONE DRIVE RICHMOND, VA 23238	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: SAKINA PAIGE TITLE: Past President ADDRESS: CAPITAL ONE CITY/ST/ZIP/CO: 15030 CAPITAL ONE DRIVE RICHMOND, VA 23238	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: COLLEEN M QUINN  TITLE: PRESIDENT  ADDRESS: LOCKE &amp; QUINN  CITY/ST/ZIP/CO: 4928 WEST BROAD ST  RICHMOND, VA 23230 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: COLLEEN M QUINN TITLE: PRESIDENT ADDRESS: LOCKE & QUINN CITY/ST/ZIP/CO: 4928 WEST BROAD ST RICHMOND, VA 23230	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: COLLEEN M QUINN TITLE: PRESIDENT ADDRESS: LOCKE & QUINN CITY/ST/ZIP/CO: 4928 WEST BROAD ST RICHMOND, VA 23230	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: SHARON STUART  TITLE: PRESIDENT ELECT  ADDRESS: STUART LAW FIRM  CITY/ST/ZIP/CO: 2222 MONUMENT AVENUE  RICHMOND, VA 23220 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: SHARON STUART TITLE: PRESIDENT ELECT ADDRESS: STUART LAW FIRM CITY/ST/ZIP/CO: 2222 MONUMENT AVENUE RICHMOND, VA 23220	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: SHARON STUART TITLE: PRESIDENT ELECT ADDRESS: STUART LAW FIRM CITY/ST/ZIP/CO: 2222 MONUMENT AVENUE RICHMOND, VA 23220	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: KIMBERLY A. SKIBA  TITLE: VICE PRESIDENT  ADDRESS: OWEN &amp; OWENS  CITY/ST/ZIP/CO: 1551 MIDLOTHIAN TNPK, STE 300  MIDLOTHIAN, VA 23113 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: KIMBERLY A. SKIBA TITLE: VICE PRESIDENT ADDRESS: OWEN & OWENS CITY/ST/ZIP/CO: 1551 MIDLOTHIAN TNPK, STE 300 MIDLOTHIAN, VA 23113	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: KIMBERLY A. SKIBA TITLE: VICE PRESIDENT ADDRESS: OWEN & OWENS CITY/ST/ZIP/CO: 1551 MIDLOTHIAN TNPK, STE 300 MIDLOTHIAN, VA 23113	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: MELISSA VANZILE  TITLE: SECRETARY  ADDRESS: HALL &amp; HALL, PLC  CITY/ST/ZIP/CO: 1401 HUGUENOT ROAD, STE 101  MIDLOTHIAN, VA 23113 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MELISSA VANZILE TITLE: SECRETARY ADDRESS: HALL & HALL, PLC CITY/ST/ZIP/CO: 1401 HUGUENOT ROAD, STE 101 MIDLOTHIAN, VA 23113	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MELISSA VANZILE TITLE: SECRETARY ADDRESS: HALL & HALL, PLC CITY/ST/ZIP/CO: 1401 HUGUENOT ROAD, STE 101 MIDLOTHIAN, VA 23113	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	MIRIAM AIRINGTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOWEN CHAMPLIN FOREMAN & ROCKECHARLIE		
CITY/ST/ZIP/CO:	1919 HUGEUNOT ROAD RICHMOND, VA 23236		
NAME:	IRENE DELCAMP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BARNES & DIEHL		
CITY/ST/ZIP/CO:	CENTRE COURT, SUITE A 9401 COURTHOUSE ROAD CHESTERFIELD, VA 23832		
NAME:	JEANNE FLOYD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	TROUTMAN SANDERS		
CITY/ST/ZIP/CO:	1001 HAXALL POINT RICHMOND, VA 23219		
NAME:	MELANIE FRIEND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	COWAN GATES, PC		
CITY/ST/ZIP/CO:	1930 HUGUENOT ROAD RICHMOND, VA 23235		
NAME:	JULIE MCCONNELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	UNIVERSITY OF RICHMOND SCHOOL OF LAW		
CITY/ST/ZIP/CO:	28 WESTHAMPTON WAY RICHMOND, VA 23173		
NAME:	JOANNA SUYES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MARKS & HARRISON		
CITY/ST/ZIP/CO:	1500 FOREST AVENUE P.O. BOX 72020 RICHMOND, VA 23255		
NAME:	Lori Taylor	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Marks & Harrison		
CITY/ST/ZIP/CO:	1500 Forest Ave Richmond, VA 23255		
NAME:	Erica Giovanni	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Owen & Owens		
CITY/ST/ZIP/CO:	1551 Midlothian Turnpike, STE 300 Midlothian, VA 23113		
NAME:	Joley Eason	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Thompson McMullan		
CITY/ST/ZIP/CO:	100 Shockoe Slip Richmond, VA 23219		
NAME:	Susan Atkinson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Capital One		
CITY/ST/ZIP/CO:	15000 Capital One Dr Richmond, VA 23238		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Elizabeth Hanes DIRECTOR 701 East Broad Street, Suite 3600 Richmond, VA 23219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michelle Satterlund DIRECTOR McGuire Woods Consulting 901 East Cary St Richmond, VA 23219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ COLLEEN M QUINN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	COLLEEN M QUINN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/24/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			